



Borough of Gillingham
(KENT)

EDUCATION COMMITTEE.

Annual Report
OF THE
School Medical Officer

W. A. MUIR, M.D., Ch.B., D.P.H.

(School Medical Officer and Medical Officer of Health),

FOR THE YEAR ENDING

DECEMBER 31st, 1924.

GILLINGHAM :

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Year ending December 31st, 1924.

1925.

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W. A. MUIR, M.D., Ch. B., D.P.H.

Medical Inspector of Scholars :

STELLA G. A. HENRIQUES, M.B., Ch. B.
(Part-time).

School Dentist :

W. S. STEVENS, L.D.S.

School Nurses :

† Miss K. MAYHEW.	† Miss M. K. MELLOR (half-time), Jan. to Aug., 1924.
	† Mrs. J. SEARS (whole-time), Oct. to Dec., 1924.

Clerks :

C. FRANCIS.

H. KING.

† Tained Nurse. † Holds C.M.B., and Sanitary Inspector's
Certificate of Royal Sanitary Institute.

ANNUAL REPORT.

School Medical Department,
Gardiner Street,
Gillingham, Kent.
17th February, 1925.

*To the Chairman and Members of the Education Committee of
the Borough of Gillingham, Kent.*

LADY AND GENTLEMEN,

I beg to submit the Annual Report of the School Medical Department for the year 1924.

The arrears of work in the Department have been reduced by the appointment of a part-time Assistant School Medical Officer towards the end of 1923.

The appointment of an additional whole-time School Nurse during the year 1924 made it possible to open the treatment clinic daily and will render the following up of children with defects more complete.

I wish to call attention to the desirability of the Committee making arrangements with St. Bartholomew's Hospital for the treatment of crippled children. The matter is discussed in detail on Page 23 of this Report.

To your Secretary, Mr. Johns, and to all the members of the School Medical Service Staff I am indebted for continual help and co-operation.

I am,

Your obedient servant,

W. A. MUIR,

School Medical Officer.

Statistical Summary of the School Medical Service during 1924.

No. on Rolls at 31st December 1924 ...	...	7,540
Average Attendance during 1924 ...	...	6,880
No. of " Routine " cases examined ...	...	2,761
Total No. of Medical Examinations ...	...	4,451
Percentage of Children found at routine examination to require treatment (excluding Dental Defects and Uncleanliness...	...	14%
No. of Visits to Schools by Nurses ...	...	338
No. of Visits to Homes by Nurses ...	...	1,772
No. of attendances at Minor Ailment Clinic ...		4,059
No. of Children examined by School Dentist ...		2,966
No. of Children treated by School Dentist ...		703
No. of individual Children excluded for Verminous Conditions ...	...	322
Percentage of Average attendance excluded for Verminous Conditions ...	...	4.6
Percentage of Average Attendance found Verminous		13.4
Cost of School Medical Department for year ending 31st March 1924 ..	...	£1330.
Net cost to Ratepayers £665 (a rate of approximately $\frac{3}{4}$ d. in £.) ...	...	...

1. Staff.

The Medical Staff consists of the School Medical Officer who is also Medical Officer of Health, Medical Superintendent of the Isolation Hospital, and Medical Officer of the Child Welfare Centre and of one Assistant School Medical Officer who gives two half days per week to the work. As she also acts as anaesthetist for the School Dentist once a fortnight her services are available for routine medical inspections on six half days per month only.

An additional whole-time School Nurse commenced duty in October in place of the part-time nurse who resigned in August. The present staff is now therefore two whole-time nurses, a number not in any way excessive if the work of the department is to be efficiently performed.

The office staff consists of one whole-time Clerk and of one Junior Clerk who also acts as messenger. As the work is continually increasing proposals for supplementing the clerical staff were brought forward but were still under consideration at the end of the year.

2. Co-ordination.

As stated in last year's Report co-ordination is complete between the School Medical Department and the other health services as the Medical Officer of Health is the official responsible for all of them. A percentage of debilitated children under school age are dealt with at the Child Welfare Centre and are visited in their homes by the Health Visitors.

There are no Nursery Schools in the Borough.

3. School Medical Service in Relation to the Public Elementary Schools.

There are 6 Provided Schools with 14 departments and 6 Non-Provided Schools with 13 departments. The total accommodation for elementary school children is 8124. The number of children on the register on December 31st 1924 was 7540 as against 7640 at the end of 1923.

With regard to the hygiene of Schools the Sanitary Inspectors visit the school conveniences at frequent intervals to ensure cleanliness. The hygienic standard of the non-provided Schools is generally below present day requirements.

During the year a communication was received from the Board of Education to the effect that they had obtained reports from H.M. Inspectors upon St. Mark's Girls' and Infants' Schools and the Wesleyan School from which it appeared that in their present condition the Board's recognition ought to be withdrawn as soon as other accommodation could be provided or the recognition of which should be continued after substantial alterations in them or after a drastic reduction of their accommodation or both. It was added that the schools named might possibly be made suitable either for the same or for reduced numbers but only by means of a large expenditure.

During the year the following work was carried out at the schools named:—

Byron Road School. Walls and ceilings distempered.

Richmond Road Boys' School. Roof overhauled.

Richmond Road Girls' School. Defective wood-work in offices renewed.

Napier Road Boys' School. Playground re-surfaced and walls of two classrooms distempered,

Napier Road Infants' School. Seven classroom cupboards provided.

Hempstead School. Roof overhauled and south-west room distempered.

Gillingham C. of E. School. Gallery removed.

St. Mark's Schools. Walls and ceilings distempered.

4. Medical Inspection.

The routine age groups as laid down by the Board of Education were medically Inspected.

(a) Entrants. All under 8 years not previously examined.

(b) Intermediates. Aged 8-9 years.

(c) Leavers. Aged 12-13 years, and over 13 if not already examined after the age of 12.

All medical inspection cards are kept at the office and names of children admitted to or leaving any school are forwarded by the Head Teacher at the commencement of each term. This procedure which has been in force for over a year has proved satisfactory and has rendered the medical inspection more complete than when the cards were stored at the various schools.

Special examination of children presented by teachers, parents, school nurses or attendance officers were carried out at the Schools or at the Clinic.

The following statement shows the number of medical inspections during the year. (Also see Appendix Table 1. Page 33).

1924	
Routine Inspections	2761-36.6% of children on registers.
Special	749
Re-examinations	941
1690	

The number of arrears of *routine* inspections at the end of 1924 was approximately 400 compared with 900 at 31st December 1923. The appointment of the part-time Assistant School Medical Officer is responsible for this reduction.

Apart from the inspections by medical officers the School Nurses examine many children regarding cleanliness etc. The work of the School Nurses is given in detail on Page 20.

That many parents take an active interest in the school medical examinations of their children is shown by the large number who attend at the schools during the examinations. Every parent is notified beforehand of the time and place. The following table shows the number and percentage of parents attending in each age group :—

Group		No. Exam.	Parents Present	Percentage	1923
Entrants	Boys	447	393	83.4	84.0
	Girls	413	369	89.3	80.0
Intermediates	Boys	495	336	67.8	63.9
	Girls	543	383	70.5	58.8
Leavers	Boys	459	156	33.9	32.3
	Girls	404	260	60.6	54.8

Of the 2761 children examined at routine inspections 405 (14 per cent) were found to be suffering from defects other than Uncleanliness and Dental Disease which required treatment and 269 (9.7 per cent) which required to be kept under observation, a total of 23.7 per cent.

5. Findings of Medical Inspection.

Table 2 (a) in the appendix gives details of defects found at the routine medical inspections.

(a) Uncleanliness.

The standard adopted was a strict one : if even one nit was found the child was classed as verminous. Of the routine cases 196 or 7 per cent (7.1 per cent in previous year) were so classed.

The School Nurses at their surprise cleansing surveys found 926 children unclean, equal to 13.4 per cent of the average attendance. 322 children or 4.6 per cent were so dirty that they had to be excluded. The nurses paid an average of 5 visits per school department per annum for uncleanliness examinations compared with 4 visits in 1923. It is hoped to still further increase this number in the future. Three parents were prosecuted under the School Attendance Bye-laws and fines imposed in every case. In others, a letter sent by the Secretary of Education produced the desired result.

The following table enables comparisons to be made between the different schools in the Borough. It gives the percentage of *individual* children found unclean and the percentage of *individual* children excluded.

Council Schools.		No. on Roll December 1924.	No. of Individual Children found unclean	Percentage of Individual Children found unclean	No. of individual Children excluded.	Percentage of Children excluded		
Name of School						1924	1923	1922
Byron Rd. Boys	...	386	14	3.6	4	1.0	.7	1.3
Byron Rd. Girls	...	345	31	9.0	6	1.7	7.1	4.1
Byron Rd. Infants	...	267	15	5.6	2	.8	1.1	1.4
Barnsole Rd. Boys	...	408	15	3.7	6	1.5	.5	1.4
Barnsole Rd. Girls	...	401	25	6.4	9	2.3	2.9	5.2
Barnsole Rd. Infants	...	341	23	6.7	6	1.7	2.7	2.5
Richmond Rd. Boys	...	412	29	7.0	14	3.4	2.3	2.0
Richmond Rd. Girls	...	438	111	25.4	42	9.6	6.9	9.3
Richmond Rd. Infants	...	523	75	14.3	24	4.6	4.8	3.1
Napier Rd. Boys	...	389	13	3.4	5	1.3	.5	—
Napier Rd. Girls	...	389	31	8.0	12	3.1	2.9	1.3
Napier Rd. Infants	...	354	24	7.0	4	1.1	2.0	2.7
Hempstead School Boys and Girls (mixed)	...	93	18	14.0	3	2.3	2.1	4.5
Hempstead School Infants	...	36						
Brompton Infants	...	113	9	8.0	2	1.8	12.8	14.0
Non-Provided Schools.								
Gillingham C. of E. Boys	...	176	24	14.0	8	4.5	5.7	4.4
Gillingham C. of E. Girls	...	160	62	38.7	20	12.5	4.1	10.5
Gillingham C. of E. Infants	...	164	48	29.2	16	9.8	7.6	7.5
Holy Trinity Boys	...	114	24	21.0	2	1.7	—	3.7
Holy Trinity Girls	...	117	48	41.0	21	17.9	8.8	20.8
S. Aloysius, R.C. Girls	...	94	59	43.0	31	22.6	8.0	25.0
S. Aloysius, R.C. Infants	...	43						
St. Mark's Church Boys	...	302	34	11.3	10	3.3	2.3	.9
St. Mark's Church Girls	...	195	51	26.0	29	15.0	4.5	9.8
St. Mark's Church Infants	...	167	31	18.6	7	4.2	5.8	4.1
St. Mary's R.C. Boys and Girl's (mixed)	...	84	37	22.6	11	6.7	8.4	5.8
St. Mary's R.C. Infants	...	80						
Wesleyan, Boys	...	489	11	2.2	1	.2	.2	.4
Wesleyan, Girls	...	274	39	14.2	20	7.3	3.7	8.7
Wesleyan, Infants	...	186	25	13.4	7	3.7	8.5	5.2
		7540	926	12.2 ^a	322	4.2 ^b	4.5	4.4

^a or 13.4 % of average attendance.

^b or 4.6 % of average attendance.

The methods advised for cleansing verminous heads are multiple and parents put themselves to unnecessary expenditure by purchasing sassafras oil and other costly applications. The following simple directions are now given to the parents:—

1. Comb the hair thoroughly with a fine tooth comb to remove all lice.

2. Wash hair thoroughly with green soft soap (obtainable from Chemist) and hot water.

3. Each hair on which there is a nit should be lifted up and cut off with scissors.

NOTE—To keep the head clean the hair should be thoroughly combed **daily** with a fine tooth comb. At the same time the hair should be carefully looked through to discover the presence of nits and any hair found with a nit attached should be cut out with scissors.

A girl's hair should be cut short or plaited so that it does not lie on the shoulders, where it is easily contaminated if the child either sits near, or plays with an infected companion.

Sacker Combs have proved efficacious and are given on loan at a small charge to parents who appear anxious to remove the cause of complaint. Actual cleansing of the children by the school nurses is discouraged as it is primarily the duty of parents to keep their children clean.

(b) **Malnutrition.**

Only 3 children were referred for treatment and 14 for observation from among the routine inspections. Children suffering from a definite disease such as tuberculosis accompanied by malnutrition are not included in these figures. The percentage affected was therefore .61 compared with 1.1 in the previous year. These children attend periodically at the School Clinic.

(c) **Tonsils and Adenoids.**

102 children or 3.6 per cent of the routine cases required treatment and 76 or 2.7 per cent were referred for observation. 6.3 per cent therefore of the routine cases showed defects of the nose and throat.

In addition 52 special cases required treatment. Children requiring operation receive same from their private doctor or at St Bartholomew's Hospital under

arrangements made by the Education Committee. 54.5 per cent (55.6 per cent) of cases advised to have treatment obtained it. 35 cases or 22 per cent had not time to arrange for treatment before the end of the year.

Cases treated under Local Education Authority's Scheme.

Operations for Enlarged Tonsils	23	} 42
" " " Adenoids	4	
" " " Tonsils and Adenoids.....	15	

Gross cost to Committee of
treatment of cases with
Enlarged Tonsils and/or
Adenoids at £1 4s. 6d. per case £51 9s.

Cash received from parents £8 7s. 6d.

Net cost 1924, £43 1s. 6d. Net cost 1923, £51 5s. 6d.

The majority of cases operated upon at St. Bartholomew's Hospital, Rochester, are sent home the same night but if considered necessary their departure is delayed until the following day.

(d) External Eye Disease.

20 children or .72 per cent. of the routine cases required treatment for inflammation of the eyelids or eye.

19 specials also required treatment.

These children were referred to a private practitioner or to St. Bartholomew's Hospital, Rochester, or treated at the School Clinic.

(e) Vision (including Squint).

Visual Acuity is tested by the ordinary Snellen Test Types and 6/9th part or less in either eye is classified as defective vision. All children with 6/12ths or less in in either eye are referred for treatment and the remainder for observation.

	Requiring Treatment.	Requiring Observation.	Total Percentage of Defect.
Examined (Routine) (Intermediates and Leavers only) ...	139 (7.3 %)	80 (4.2 %)	11.5
Examined (Specials)	22	2	
Squint (all Routines)	13 (.47%)	6 (.21 %)	.68
Squint (Specials) ...	5	2	
Total ...	179		

Of 213 cases (including 34 brought forward from 1923) 190 only were considered to have had sufficient time to obtain treatment by the end of 1924. It is very satisfactory to be able to report that every one of these children (100 per cent) received treatment either at St. Bartholomew's Hospital or at the Kent County Ophthalmic Hospital. In every case where glasses were prescribed they were obtained. This high percentage was the result of thorough "following up" by the School Nurses; without their valuable assistance many children would have continued for years with uncorrected defective vision with all its physical and educational handicaps.

SUMMARY OF TREATMENT OF DEFECTIVE VISION AND SQUINT.

213 cases (including 34 brought forward from 1923 were referred for treatment with the following result:—

Received Refraction Examination under Local Education Authority's Scheme.....	114
Received Refraction Examination by Private Practitioner or Hospital, apart from the Authority's Scheme.....	76
Total.....	190
Found with Defective Vision or Squint during the latter part of 1924 but unable to obtain treatment by the end of the year	23
Total.....	213

The following is the result of the Refraction Examinations of the 114 children who attended for treatment under the Committee's Scheme:—

Glasses prescribed	96
Glasses obtained	96
Glasses of no use.....	4
Glasses unnecessary	9
Attending Hospital, glasses not yet prescribed	5
Gross cost of Refraction Examination to Education Committee at 11s. per. case	£62 14 0

Cash received from parents £10 16 6

Net cost 1924	Net cost 1923
£51 17 6	£25 5 0

PROVISION OF SPECTACLES.

The Education Committee has a contract with a local optician for the provision of glasses, the prices charged varying between 2/6 and 5/6. All parents pay the net cost excepting those whose income is below the scale of income given in last year's Report.

The following table gives details of cost, etc. Glasses prescribed at the Kent County Ophthalmic Hospital but supplied through the School Medical Department are included :—

	Parents. £ s. d.	Committee. £ s. d.	Total. £ s. d.
78 Parents paid whole cost	17 5 6		17 5 6
1 Parent paid part cost	3 0	3 6	6 6
26 Committee defrayed cost		5 16 0	5 16 0
<hr/> 105 Total	<hr/> £17 8 6	<hr/> £5 19 6	<hr/> 23 8 0 <hr/>

In addition to the above 61 children obtained their glasses privately.

(f) Dental Defects.

19.6 per cent (14 per cent) of the intermediates and leavers were referred for treatment either to a private dentist or to the School Dentist. These were all children with extensive dental decay or Carious second molars and obviously the percentage given is no criterion of the total number who required treatment. The School Dentist inspected the 5 to 8 age groups and referred 21.6 per cent for treatment. These also were cases of gross defect. There is no object in referring a larger percentage as the Dental Clinic is open on 3 half days per week only.

(g) Skin Diseases.

18 cases or .65 per cent of the routine examinations suffered from some form of skin disease of which only two were ringworm. 103 children (specials) suffering from skin disease were diagnosed as follows :—

Ringworm of scalp.....	18
Ringworm of body.....	9
Scabies.....	3
Impetigo.....	21
Other diseases.....	52
<hr/>	
Total.....	103
<hr/>	

There has been a striking and gratifying diminution in the incidence of ringworm and impetigo, It is also of interest that only 3 cases of scabies (itch) were found amongst all the school children.

(h) Tuberculosis.

8 children or .28 per cent. of the routine groups suffered from tuberculosis of the lungs and 22 or .79 per cent. were classed as suspicious. In addition 16 specials suffered from definite tuberculosis of the lungs and 23 were "suspect" a total of 69 caass as compared with 71 in 1923. Tuberculosis of bones and joints was found in 6 of the routine examinations and in 19 of the specials.

Details will be found in the Appendix Table 2A, Page 35.

(i) Ear Disease and Hearing.

Defective hearing and disease of the middle ear were found to require treatment in .94 per cent. of the routine cases.

(j) Heart Disease.

7 children or .25 per cent. of routine cases were found to be suffering from organic heart disease. In addition 5 "specials" were found to be similarly affected. Of the total of 12 only 3 were considered to require treatment. 9 children with severe organic disease of the heart are known in the area.

(k) Bronchitis and other Non-Tubercular Diseases of the Lungs.

52 children or 1.8 per cent. were found at the routine examinations. Most of the children with bronchitis were "entrants" at a time when a cold east wind was prevalent.

(l) Crippling Defects.

13 children or .47 per cent. of the routine groups required treatment. These were cases of spinal curvature, rickets, etc. (See Crippling Defect Page 23).

(m) Thyroid Enlargement.

Amongst intermediates and leavers (numbering 1,901) 37 children, or 1.9 per cent., suffered from enlargement of the thyroid gland. In all these cases the increase in the size of the neck was visible on casual inspection.

	Intermediates		Leavers		Specials		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Moderately or } much enlarged }	—	3	2	4	1	1	11
Slightly enlarged	1	10	11	4	—	—	26
	—	—	—	—	—	—	—
	1	13	13	8	1	1	37
	—	—	—	—	—	—	—

6. Infectious Diseases.

The number of known cases of the principal infectious diseases amongst school children during the year was as follows .—

		1924	1923
Notifiable	{ Scarlet Fever ...	57	98
	{ Diphtheria	10	56
Non-notifiable	{ Measles	366	97
	{ Whooping Cough	40	106
	{ Chicken Pox	115	159
	{ Mumps	11	6
Total.....		599	522

Diphtheria.

The cases reached the abnormally low figure of 10. All contacts, numbering 19, had swabs taken from the fauces and nasal passages (where thought necessary) before returning to school.

Scarlet Fever.

57 cases occurred amongst scholars as compared with 98 in 1923. The contacts, numbering 64, were excluded for 7 to 10 days.

Non-notifiable Diseases.

The arrangements for notification to the School Medical Officer by Head Teachers, of cases of measles, chicken-pox, etc., as detailed in last year's Report, were continued with satisfactory results.

Measles.

366 children were known to the Department to be suffering from this disease. The epidemic commenced in February and continued until April. The attendance at Napier Road Infants' School, was 62 to 68 per cent. towards the end of February, 55 to 70 per cent. at Holy Trinity Infants' during the second week of April, and 59 per cent. at St. Mark's Infants' during the same period. These were the schools especially affected.

The following Table shows the distribution of the different infectious diseases throughout the schools :—

Non-provided Schools		Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken-pox	Mumps	Exclusions.	Total
Name of School.		Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases
Accommodation		Contracts	Contracts	Contracts	Contracts	Contracts	Contracts	Contracts	Contracts
Gillingham Church of England, Infants	208	1	—	—	—	—	—	—	—
Holy Trinity, Boys	... 120	—	1	21	8	—	—	23	8
Holy Trinity, Girls	... 106	1	—	1	—	—	—	1	—
S. Aloysius, R.C., Girls	... 95	—	—	—	—	—	—	1	1
S. Aloysius, R.C., Infants	... 107	—	—	—	—	—	—	—	—
S. Mark's Church, Boys	... 337	1	—	6	8	—	—	7	10
S. Mark's Church, Girls	... 192	—	—	4	5	—	1	6	6
S. Mark's Church, Infants...	... 190	1	—	51	27	7	1	65	28
S. Mary's R.C., Boys and Girls	...	—	—	—	—	—	—	—	—
(mixed)	... 108	—	—	11	3	—	—	11	5
S. Mary's R.C., Infants	... 67	—	—	—	—	—	—	—	—
Wesleyan, Boys	... 476	1	—	2	3	—	—	4	8
Wesleyan, Girls	... 338	—	—	9	6	—	—	2	10
Wesleyan, Infants	... 181	2	—	30	8	4	1	41	13
TOTAL		57	10	366	125	40	3	115	26
... 8124		64	19	491	43	141	11	599	237
		121	29	491	43	141	11	836	

PRIVATE SCHOOLS.

			CASES.	CONTACTS.	TOTAL.
Scarlet Fever ...	...	...	4	3	7
Diphtheria ...	...	...	1	4	5
Measles ...	...	...	2	—	2
Whooping Cough ...	...	...	1	1	2
Total ...			8	8	16

7. FOLLOWING UP OF CHILDREN FOUND TO BE DEFECTIVE.

This is carried on by the School Nurses and is a most important part of the work of the Department, as without it many children found suffering from defects would not receive treatment: the visit of a Nurse to the home frequently enables the parents to make up their minds to take the required action.

During the last three months of the year, two whole-time School Nurses have been employed. The year's work is summarised in the following Table:—

See page 40 for work of Nurses *re* CLEANLINESS.

WORK OF THE SCHOOL NURSES.

Examinations of Heads and Bodies <i>re</i> cleanliness, etc. ...	...	...	...	...	...	15,661
Notices sent <i>re</i> Nits (children not excluded from school) ...	...	...	...	...	...	360
Notices sent <i>re</i> Nits and Vermin (children excluded from school) ...	...	...	...	...	...	434
Visits to Homes <i>re</i> Neglect, Infectious Diseases, Following Up, etc. ...	...	...	...	...	...	1,772
Visits to Schools ...	...	...	...	...	...	338
Attendances at Routine Medical Inspection ...	...	...	...	...	...	127
Attendances at General Inspection Clinic ...	...	...	...	...	...	212
Attendances at Treatment Clinic ...	...	...	...	...	...	186
Attendances at Dental Clinic ...	...	...	...	...	...	109

8. MEDICAL TREATMENT.

Commencing in October the Inspection and Treatment Clinics were held daily. It was pointed out in last year's Report that a daily Treatment Clinic was highly desirable, and it is gratifying that it was rendered possible by the appointment of an additional nurse during the year. Previously the Treatment Clinic was held three times a week only, with resulting delay in the cure of cases and an unnecessary lengthy period of exclusion from school.

(a) The Minor Ailment Clinic is open daily at 9 a.m. (except Fridays, at 4.30 p.m.), and on Tuesdays at 4.30 p.m.

The total attendances at the Clinics numbered 4,059 (1,200 for treatment), compared with 4,343 in 1923.

Details of cases inspected or treated are given in the two following Tables :—

ATTENDANCES AT INSPECTION CLINIC.					1924.	1923.
Catarrh, Sore Throats, Colds etc.	...	...	...	...	115	143
Vermin of Head or Body, Nits, etc.	...	...	...	...	1,093	1,029
Ringworm	...	...	...	...	80	179
Impetigo	...	...	...	...	150	327
Scabies	...	...	...	...	13	32
Eczema	...	...	...	...	11	36
Defective Vision, Sore Eyes, etc.	...	...	...	...	140	155
Nose and Throat Disease	...	...	...	...	113	97
Tubercular and Pretubercular	...	...	...	...	142	86
Chorea	...	...	...	...	12	20
Epilepsy	...	...	...	...	20	6
Ear Disease	...	...	...	...	27	38
Heart Disease...	...	...	...	...	13	13
Returns after Infectious Diseases	...	...	...	...	260	716
Other Diseases or Defects	...	...	...	...	670	609
Total					2,859	3,486

The decrease is due to fall in number of children suffering from infectious diseases, impetigo and ringworm.

Contacts of scarlet fever and whooping-cough convalescents are no longer required to attend before returning to school unless in exceptional circumstances.

ATTENDANCES AT TREATMENT CLINIC (BOROUGH CASES).

	1924.	1923.	1922.
Ringworm	104	329	305
Otorrhœa (discharging ears)	174	113	25
Other Ear defects (obstruction)	35	31	53
Impetigo	359	146	57
Eczema	179	32	69
Scabies	15	30	—
Alopecia	55	130	54
Other conditions	279	46	—
Total	1,200	857	563

ATTENDANCES OF COUNTY CHILDREN AT SCHOOL CLINIC.

	No. of Cases.			Total Attendances.
Uncleanliness of Head ...	...	1		1
Impetigo ...	...	5		16
Scabies ...	...	1		2
Other Skin Diseases ...	...	6		18
Blepharitis ...	...	1		1
		<hr/>		<hr/>
Total	14			38

(b) Tonsils and Adenoids are referred to a private practitioner or to St. Bartholomew's Hospital, Rochester. For details see pages 11-12.

(c) Tubercular children and those suspected to be tubercular are referred to a private practitioner or to the Tuberculosis Dispensary in Nelson Road. Arrangements have been made for the Tuberculosis Officer to notify the School Medical Officer of all contacts attending school so that they may be kept under observation.

(d) **Skin Diseases.** These are treated by private practitioners at the Clinic or at St. Bartholomew's Hospital, Rochester.

Ringworm of the Scalp, as in previous years, was treated with 20 per cent. copper oleate ointment, but where the scalp was extensively involved the child was referred to St. Bartholomew's Hospital, Rochester, for X-ray treatment.

During the year, eight children were so referred and treated, all with favourable results, the hair growing well again in every case.

It is hoped to give the Collosol Iodine treatment a trial during the year.

The following figures indicate that X-ray treatment produced the more rapid results.

Treated with Copper Oleate Ointment.				Average No. of days to cure.
(9 cases completed)	...	...	...	171
Treated with X-rays.				
(5 cases completed)	...	...	...	56.2

TREATMENT OF RINGWORM.

No. of cases under treatment at end of 1923	...	...	11
No. of new cases during 1924	...	...	23
			<hr/>

No. of cases under treatment during 1924	...	34
No. of cases cured during 1924	...	29
Left district. Result unknown	...	1
		— 30

No. of cases under treatment at end of 1924 ... 4

8 Hospital Letters were issued for Ringworm.

Gross cost to Committee for X-ray treatment of Ringworm	... £8 8 0	
Cash received from parents	... £1 5 0	£7 3 0
		Net cost.

(e) External Eye Disease and Defective Vision.

See pages 12-14

(f) Crippling Defects and Orthopaedics.

The Education Committee has no arrangements for the treatment of Crippling Defects. Crippled children are taken, as a rule, to St. Bartholomew's Hospital, Rochester or to one of the London Hospitals. A number are assisted in obtaining treatment and appliances by the local Blind and Cripple Guild. The majority of these children are crippled by tubercular disease of bones and joints, spinal curvature, rickets, infantile paralysis, etc. They require operation or massage or electrical treatment with remedial exercises and special splints and irons, which have to be adjusted periodically.

For example, a child is found at school with commencing curvature of the spine. This in many cases can be remedied by expert massage, remedial exercises, and plaster jackets. The treatment and supervision, however, must be continuous for varying periods of time, and this is where an orthopaedic clinic proves most valuable.

Likewise, certain children with infantile paralysis affecting the legs require operation, but if good results are to accrue careful post-operative supervision, which includes the application of plaster, provision of splints, special boots, etc., must be available. The same might be said of deformities following hip joint disease and other conditions.

Where there is early and continuous treatment the number of crippled children is largely reduced and the severity of the crippling diminished.

It is, therefore, desirable that the Committee should make arrangements with St. Bartholomew's Hospital, Rochester, whereby all such cases may be able to receive treatment, and be re-examined once a quarter or half-yearly as considered

necessary by the orthopaedic surgeon. By this means treatment and after-care would be ensured. The children would attend for massage, remedial exercises, applications of splints and plaster, and if further operative treatment were necessary, the orthopaedic surgeon would at once advise. At the same time the School Medical Officer would arrange for the children to be visited at home by the School Nurses to see that splints and other appliances were worn continuously.

The following cripple children are known to exist in the Borough. It will be noted that the total number is 48, of which 43 are attending the elementary schools in the area.

Attending school.				Boys.	Girls.
Organic Heart (severe) ...	...	...	...	3	3
Club Foot ...	...	...	...	I	—
Spinal curvature ...	...	...	...	2	3
Infantile Paralysis ...	...	...	...	9	9
Spinal Curvature and Rickets ...	...	...	...	I	—
Congenital Hip ...	...	...	...	I	—
Pseudo-Coxalgia ...	...	...	...	I	—
Spastic Paralysis ...	...	...	...	—	I
Paresis ...	...	...	...	—	I
Ankylosis R. Hip ...	...	...	...	I	—
T.B. Spine ...	...	...	...	—	I
T.B. Hip ...	...	...	...	I	I
Dwarf ...	...	...	...	I	—
T.B. Knee ...	...	...	...	I	—
Rickets ...	...	...	...	I	—
Talipes—Deformed Foot ...	...	...	...	I	—
				—	—
				24	19
Not at School.					
Organic Heart (severe) ...	...	...	...		3
Paralysis ...	...	...	...		I
T.B. Spine with marked Deformity ...	...	...	...		I
					—
					5

(g) Dental Defects.

The Dental Clinic is held at the School Medical Department on three half-days per week. Details of the Dentist's work are given on page 40.

Compared with the previous year there has been a large increase in the number of extractions and a corresponding fall in the fillings. The School Dentist is of opinion that this is partly accounted for by the charges made during the year,

viz.—Extractions, 6d. ; extractions with gas, 1/- ; filling one tooth, nil ; two or more teeth, 1/-

The Committee may remember that I recommended that no charge be made for fillings, as it was difficult enough to get parents to have their childrens' teeth stopped even when this treatment is free.

I herewith submit the Annual Report of the School Dentist, in which he refers to this matter in greater detail:—

Dear Sir,

I have pleasure in submitting this my Annual Report. In going over the figures for 1924 it will be found that about the usual amount of work has been done, and in some ways more than usual. Two items stand out from the Report. They are that the stoppings done are less and the extractions under general anæsthetics considerably more. I will refer to the last item first, as it affects, in my opinion, the first item considerably.

It has always been my opinion that some inducement should be given for patients to have stoppings done rather than extractions. All the time a pernicious system exists of getting teeth out painlessly for 6d. or 1/-, whilst stoppings are charged at 6d. each, patients will prefer extractions. This system of charges goes right against the whole teaching of school dentistry, and is likely eventually to turn a school clinic into something very like a casual out-patient department of a hospital, patients coming along only when teeth are aching. The whole reason for School Dentistry is *Prevention*. I pointed out to the School Medical Officer when this system of charges was started, that I should find my time eventually occupied by nothing but extractions, and it is turning towards that direction. And if my chief time is taken with extractions, then there must be less left for fillings ; but not only that, it is not educating parents as to the value of keeping teeth—for mastication. In my opinion, there is only one remedy for this. Let there be no charge whatever for fillings : that will perhaps—I am not sure—be some inducement for fillings ; and let the extractions be on a sliding scale of 6d., 1/- and 2/- or more. I am quite sure I can get 2/- for gas extractions for two reasons. Firstly, because most patients are very surprised at the cheapness of the present 1/- charge, and sometimes give me an extra amount, out of gratitude. And, secondly, it will be in the Committee's recollection that in the late School Medical Officer's time gas was charged at 2/6 upwards.

I am aware that this is a novel procedure on my part- but I am perfectly certain that unless it is carried out Preventive Dentistry will not be the order of the day in your clinic.

I have been rather lengthy in my remarks, but I may add that from the first I have always been against *this* system of charges.

I would like to say a few words as to my patients.

We generally have to use discretion, and where a person is poor charges are low, or sometimes no charge made at all. But when well-to-do patients come (and I can vouch for a good few) I think 1/- for administration of gas for extraction far too low, and the parents have as much as said so.

Going back to my report, a good few of the administrations of gas have been due to my endeavouring to get level with the work that got behind, owing to the Committee not appointing an anæsthetist.

There is now an Assistant School Medical Officer, and I have pleasure in saying I have been helped in my work considerably by that appointment, together with the great help I got from the School Nurses.

There is a point I have not mentioned before, and that is our Card and Chart system.

By the help of the clerk in the Office, over a period of years, we have by now got a card system which I think cannot be bettered by any other authority's system in England. It was thought out long before the School Charts advised by the School Dentists' Society, and is, in my opinion, better.

There is one last remark I should like to say. For some years I have had to operate in what is practically nothing better than a passage. When a Town Hall is built I trust a proper room may be procured for me with a recovery room away from the waiting room and the operating room in a north light.

W. S. STEVENS, L.D.S.

Treatment at St. Bartholomew's Hospital.

The Education Committee has entered into arrangements with the Hospital Trustees by which it pays the following charges for the defects indicated :—

No. of Hospital Letters issued during 1924 :

(a) Operations for Tonsils and Adenoids,					
£1 4s. 6d. per case	...	...	...	...	42
(b) Refraction for Defective Vision, 11s. per					
case	...	...	...	...	114
(c) X-ray Treatment of Ringworm of Scalp,					
£1 1s. per case	...	...	...	...	8
					<hr/>
					164

Payment of Fees by Parents.

The charges as detailed in last year's Report were continued. Those whose income was below the scale approved by the Education Committee received free treatment.

The fees paid by parents were as given :—

	1924			1923		
	£	s.	d.	£	s.	d.
Towards cost of Hospital Treatment	20	9	0	13	16	6
Towards cost of Dental Treatment..	21	17	6	13	9	11
Towards cost of Minor Ailments ...	...	0	19	1	3	7
Towards cost of Spectacles ...	...	17	8	12	2	6
Payment for use of Combs ...	...	1	8	1	8	3
	<hr/>			<hr/>		
	£62	3	3	£42	0	9

Net cost to Committee of Hospital							
Charges and Spectacles	...	£108	1	6	£82	10	6

9. OPEN-AIR EDUCATION.

10. PHYSICAL TRAINING.

} See last
year's Report.

11. PROVISION OF MEALS.

As in the previous year dinners were provided during the winter months to children whose parents' incomes were below the scale approved by the Committee. The dinners were supplied and transported by a local contractor at a cost of 4½d. per head (January-March) and 5d. per head (October-December) per meal.

	1923-24	1922-23	1921-22
No. of Meals supplied ...	12,027	12,015	13,055
No. of individual children fed ...	230	193	215
Average daily attendance ...	127	128	—
Total Cost ...	£293	£295	£371

12. SCHOOL BATHS.

Swimming demonstrations were again conducted at the Corporation Baths by Mr. W. T. Jones.

During the year a pump was installed to enable water to be added daily from the River Medway. Previously this was possible only at somewhat lengthy intervals depending on the tides.

Mr. Jones in his Report for the season gives the following figures :—

Number taught to swim less than 50 yards ...	144
Number qualifying for Certificate by swimming	
at least 50 yards	209
	<hr/>
Total ...	353
	<hr/>

13. CO-OPERATION OF PARENTS.

The percentage of parents attending at Routine Medical Inspections continues high. Details are given on page 8.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

This was continued as in previous years. These Officers' services have been most useful in a great variety of circumstances, perhaps more especially in connection with unclean children who fail to attend at the School Clinic. They have also given valuable help in the drawing up of a register of all defective children in the area.

16. CO-OPERATION OF VOLUNTARY BODIES.

(a) The N.S.P.C.C. has co-operated effectively, more especially in relation to children persistently found unclean, and also in a few cases of parents unwilling to obtain medical treatment for defects found by the School Medical Officer. With the approval of the Board of Education the Education Committee have agreed to make a payment to the N.S.P.C.C. of 10/6 for each child referred to the Society by a responsible Officer of the Committee. The number of cases referred is generally about 8 to 10 per annum.

(b) The local Blind and Cripple Guild has co-operated by providing special boots and splints.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. in the Appendix records the cases of known exceptional children in the area.

One totally blind child is in residence at the Royal Normal College, Upper Norwood, and one deaf and dumb at the Royal Deaf and Dumb School, Margate.

During the year one mentally deficient but educable boy was sent to the Central Home for Mental Defective Children, Besford Court, Worcester. One other boy has been in the same school for some years.

In September, 1924, the Board of Education issued Circular No. 1341, dealing with the treatment of mentally defective children. It was there laid down that Local Authorities should take steps to ascertain the number of mentally defective children in their area if this had not been already done. Previous to the issue of this Circular such steps had been taken and names of defective children obtained from Head Teachers, School Nurses and Attendance Officers. These children were all personally examined at considerable length by the School Medical Officer, who in each case filled up a Record Booklet for the Stanford Revision of the Binet-Simon Tests as described in Terman's "The Measurement of Intelligence." The findings of these examinations were reported to the Education Committee :—

(a) The following five children below 14 years of age were considered to be mentally defective and ineducable at Special Schools :—

- | | |
|---------------------------|---------------------------|
| (1) F.M., age 13½ years. | (4) H. R., age 10½ years. |
| (2) H. O., age 13½ years. | (5) M. C., age 10 years. |
| (3) H. H., age 11¾ years. | |

(b) The following seventeen children were considered to be feeble-minded, but suitable for Special Schools :—

- | | |
|---------------------------|----------------------------|
| (1) E. D., age 14 years. | (10) W. H., age 12¾ years. |
| (2) A. W., age 14 years. | (11) H. M., age 11 years. |
| (3) E. I., age 7¾ years. | (12) I. L., age 13 years. |
| (4) E. J., age 10½ years. | (13) D. B., age 13 years. |
| (5) A. S., age 10¾ years. | (14) E. W., age 12¾ years. |
| (6) C. P., age 9 years. | (15) M. S., age 12 years. |
| (7) G. J., age 9 years. | (16) R. P., age 12¾ years. |
| (8) A. W., age 9 years. | (17) R. T., age 11 years. |
| (9) E. P., age 7 years. | |

8 other children of a similar class are known in the Borough.

Many parents were unwilling to allow their children to be sent away to a Special School ; there is no such institution in the County of Kent. In cases where the parents are willing attempts are being made to find Schools for some of the younger children.

(c) 20 children were classed as dull or backward, but suitable for teaching in a Special Class in an ordinary Elementary School.

In every case a child on the border line was given the benefit of the doubt and classed as backward rather than as definitely feeble-minded. The 20 backward children, scattered all over the Borough, attend different Schools. For this reason and as no rooms were available in the Schools for special classes the Committee decided to take no action. To my mind these are the children who should be dealt with in the first instance rather than the certifiable mentally defectives. Many of them are backward due to illness or irregular attendance, the result of many and varied causes. By tuition in *special classes* they make considerable progress, but if left in the ordinary class they feel their position keenly, having to sit amongst children much younger than themselves. It is, therefore, to be hoped that it will be possible to provide accommodation for special classes to enable these children to make up on their fellows.

The Chief Medical Officer of the Board of Education in his last Annual Report suggested that the estimated incidence of mentally defective children in an area might be put at 8.6 per 1,000. The total known cases in Gillingham number 36, giving an incidence rate of 5.2 per 1,000 of the average attendance.

The Kent Voluntary Association for Mental Welfare.

This Association, inaugurated in 1922, gives assistance to the Local Education Committee in the home visiting and supervision of mentally defective children, the names of such cases being notified to the Secretary of the Association. The Gillingham Education Committee has a representative on the Committee and contributes £5 5s. per annum towards the funds.

I have pleasure in including the following Report of the work done by the Association during 1924 in Gillingham.

The total number of cases referred to the Kent Association for Mental Welfare up to the present time by the Gillingham Education Committee for home supervision is 30. Of these 22 were referred in January, 1925, so that they should not appear in this Report for 1924.

The remaining 8 cases are under the friendly supervision of the Association, as follows :—

- 1 referred by the Education Committee to the Local Authority under the Mental Deficiency Act, the County Council, is now under statutory supervision for that Authority.
- 2 are now over Special School age ; in one case an effort is being made to get the boy into a private home, and in the other to find suitable work.
- 1 has since been placed by the Local Authority in a certified institution.
- 1 has been notified by the L.E.A. to the L.A. and is under the supervision of the Association. Later, the L.A. will probably either place him in an institution or ask the Association to keep him under statutory supervision.
- 2 are mentally defective and crippled.
- 1 should probably be in a Special School ; meanwhile the Association does what it can to help in the girl's training.

Of the 22 new cases referred this year some have already been visited, and all will in a short time be under the care of the Association, who will do what is possible by means of advice to the parents, and will assist the Education Committee whenever possible by sending reports when required, and by endeavouring to find vacancies in special schools in suitable cases.

A local Case Committee for the Medway area has now been formed, the first meeting having been held on January 26th, 1925 under the chairmanship of Mrs. Robins. Miss Metcalf was present and showed great interest in the scheme. Mrs. Parr, from Gillingham, was also present. The Committee exists to keep in friendly personal touch through its various

members with the homes of the defectives, to offer advice, and to report where necessary any difficulty or change of circumstance which may arise.

The Association would be pleased to assist the Gillingham Education Committee to carry out the suggestions contained in Circular 1341 of the Board of Education by submitting reports on defective children about to reach the age of sixteen. The reports would deal primarily with home circumstances and the character and conduct of the defectives in order that the School Medical Officer might more readily decide whether the children should be reported to the Local Authority for continuous friendly supervision (Circular 1341, paras. 5 and 8).

S. CATHERINE TURNER,

23rd February, 1925.

Deputy Secretary.

- | | |
|---------------------------|-----------------------------------|
| 18. NURSERY SCHOOLS. | } None exist in
} the Borough, |
| 20. CONTINUATION SCHOOLS. | |

19. SECONDARY SCHOOLS

Are under the administration of the Kent County Council.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Under the local Bye-Laws it is not necessary for a Medical Certificate to be issued before a child is licensed for employment.

323 Leaving Cards were forwarded by the Education Secretary to the Medway Juvenile Employment Committee.

22. SPECIAL INQUIRIES.

The Medical Staff was insufficient to carry out special investigations.

23. MISCELLANEOUS.

One teacher who had been off duty for some considerable time was referred for medical examination to the School Medical Officer.

EXCLUSION AND RETURN TO SCHOOL CERTIFICATES.

The following Table gives the number of Certificates issued by the School Medical Department :—

Uncleanliness of Head or Body	...	...	555
Whooping Cough—Cases 50 ; Contacts 3	...	...	53
Chicken Pox—Cases 116 ; Contacts 26	...	...	142
Mumps—Cases ...	...	...	12
Measles—Cases 369 ; Contacts 125	...	...	494
Scarlet Fever—Cases 61 ; Contacts 73	...	...	134
Diphtheria—Cases 10 ; Contacts 23	...	...	33
Impetigo	...	...	110
Scabies	...	...	15
Eczema	...	...	7
Ringworm	...	...	81
Other Skin Diseases	...	...	131
Catarrh, Sore Throats, Colds, etc.	...	...	65
Defective Vision, Sore Eyes, etc.	...	...	24
Tubercular and Pre-Tubercular	...	...	34
Anæmia, Debility, etc.	...	...	25
Enlarged Glands	...	...	19
Epilepsy	...	...	18
Chorea	...	...	11
Ear Disease	...	...	24
Heart Disease	...	...	4
Other Conditions	...	...	137
Return to School Certificates	...	...	1,254

Total ... 3,382

APPENDIX.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

1st January, 1924 to 31st December, 1924.

A. Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	...	...	...	...	860
Intermediates	...	...	...	...	1,038
Leavers	...	...	...	...	863

Total ... 2,761

Number of Other Routine Inspections

B. Other Inspections.

Number of Special Inspections	...	...	749
Number of Re-Inspections	...	...	941

Total 1,690

TABLE II. A.—RETURN OF DEFECTS FOUND
BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1924.

Defect or Disease					Routine Inspections		Special Inspections	
					No. of Defects		No. of Defects	
					Requiring treatment	Requiring to be kept under observation, but not referred for treatment	Requiring treatment	Requiring to be kept under observation, but not referred for treatment
1					2	3	4	5
Malnutrition					3	14	1	1
Uncleanliness					196	—	60	—
Skin	{	Ringworm	{ Scalp	...	2	—	18	3
			Body	...	—	—	9	—
	{	Scabies	...	...	—	—	3	—
		Impetigo	...	...	3	—	21	—
		Other Diseases (non-Tubercular)			13	—	52	—
Eye	{	Blepharitis	...	...	14	—	6	—
		Conjunctivitis	...	...	6	—	9	—
		Keratitis	...	...	—	—	2	—
		Corneal Opacities...	...	...	—	—	2	—
		Defective Vision (excluding Squint)	...	...	139	80	22	2
		Squint	...	...	13	6	5	—
		Other Conditions			—	—	4	—
Ear	{	Defective Hearing	...	...	11	1	4	3
		Otitis Media	...	...	15	—	18	—
		Other Ear Diseases			7	—	5	—
Nose and Throat	{	Enlarged Tonsils only	...	...	67	59	18	5
		Adenoids only	...	...	6	10	4	2
		Enlarged Tonsils and Adenoids			19	4	11	—
		Other Conditions			10	3	19	2
Enlarged Cervical Glands (non-Tubercular)					2	7	10	2
Defective Speech					1	—	1	2
Teeth—Dental Diseases					374	—	16	—
Heart and Circulation	{	Heart Disease :—						
		Organic	...	...	—	6	2	3
		Functional	...	...	1	11	—	—
Lungs	{	Anæmia	...	...	15	10	7	2
		Bronchitis	...	...	13	29	14	5
		Other non-Tubercular Diseases			2	8	2	—

TABLE II. A. (Contd.)—Return of Defects found by Medical Inspection in the year ended 31st December, 1924.

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation, but not referred for treatment	Requiring Treatment	Requiring to be kept under observation, but not referred for treatment
1		2	3	4	5
Tuber- culosis	Pulmonary :—				
	Definite ...	6	2	12	4
	Suspected ...	13	9	5	18
	Non-pulmonary—				
	Glands ...	2	—	11	3
	Spine ...	—	—	—	—
	Hip ...	—	1	1	—
	Other Bones and Joints	1	—	1	1
Ner- vous System	Skin ...	1	—	2	—
	Other Forms ...	1	—	—	—
	Epilepsy ...	—	2	4	2
	Chorea ...	1	1	4	3
Deformities	Other Conditions ...	1	—	—	—
	Rickets ...	2	2	—	—
	Spinal Curvature ...	3	1	4	1
Other Defects and Diseases	Other Forms ...	8	1	4	3
	...	19	4	76	7

TABLE II. B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	No. of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require Treatment.	
1	2	3	4
Code Groups—Entrants	860	105	12
Int'm'tes	1,038	183	18
Leavers	863	117	13
Total (Code Groups)...	2,761	405	14
Other Routine Insp'ns	—	—	—

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1924.

		Attending Certified Schools or Classes for the Blind...	Boys.	Girls.	Total
Blind (including partially blind).	1. Suitable for training in a School or Class for the totally blind.	Attending Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
	2. Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the blind...	—	—	—
		Attending Public Elementary Schools	2	—	2
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf).	1. Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	1	—	1
		Attending Public Elementary Schools.....	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	1	—	1
	2. Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf...	—	—	—
		Attending Public Elementary Schools.....	—	—	—
		At other Institutions.....	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	2	—	2
		Attending Public Elementary Schools	6	13	19
		At other Institutions	—	1	1
		At no School or Institution ...	2	3	5
	Notified to the Local Control Authority during the year.	Feeble-minded	2	—	2
		Imbeciles.....	—	1	1
		Idiots	—	—	—
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution ...	1	3	4
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	6	6	12
		At no School or Institution ...	—	—	—

TABLE III. (Contd.)—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis,	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	8	—	3
		At other Institutions.....	—	—	—
		At no School or Institution...	1	3	4
	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At Certified Residential Open Air Schools.....	—	—	—
		At Certified Day open Air Schools	—	—	—
		At Public Elementary Schools	9	10	19
		At other Institutions.....	—	—	—
		At no School or Institution...	3	1	4
	Delicate Children (e.g. pre or latent tuberculosis, malnutrition, debility anæmia. etc.)	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	45	35	80
		At other Institutions	—	—	—
		At no School or Institution...	—	—	—
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	—	2	2
		At other Institutions.....	—	—	—
		At no School or Institutions	1	2	3
	Crippled Children (other than those with active tuberculosis disease e.g., children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	24	19	43
		At other Institutions	—	—	—
		At no School or Institution...	—	5	5

**TABLE IV.—Return of Defects treated during
the year ended 31st December, 1924.**

TREATMENT TABLE.

Group I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Other- wise.	Total.
Skin :—			
Ringworm, Scalp...	17	6	23
Ringworm, Body ...	10	1	11
Scabies	4	1	5
Impetigo	45	15	60
Other Skin Diseases	92	34	126
Minor Eye Defects :— (External and other)	9	35	44
Minor Ear Defects ...	38	23	61
Miscellaneous ...	17	1	18
Total ...	232	116	348

TABLE IV.

Group II.—Defective Vision and Squint (Excluding Minor Eye Defects).

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	114	76	—	190
Other Defect or Disease of the Eyes	—	1	—	1
	114	77	—	191

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme 96

(b) Otherwise 70

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme 105.

(b) Otherwise 61,

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
42	20	62	22	84

TABLE IV. (Contd.)

Group IV.—Dental Defects.

(1) Number of Children who were

(a) Inspected by the Dentist :—

Aged—

Routine Age Groups	5	...	623	}	Total	...	1,922
	6	...	647				
	7	...	534				
	8	...	118				
	9	...	—				
	10	...	—				
	11	...	—				
	12	...	—				
	13	...	—				
	14	...	—				

Specials	...	...	...	...	...	...	410
Periodical Examinations	...	...	...	...	...	...	634

2,966

(b) Found to require treatment ... 826

(c) Actually treated ... 703

(d) Re-treated during the year as the result of
periodical examination ... 384(2) Half-days devoted to { Inspection 10 } Total 123
{ Treatment 113 }

(3) Attendances made by children for treatment ... 1,735

(4) Filling ... { Permanent Teeth 272 } Total 274
{ Temporary Teeth 2 }(5) Extractions ... { Permanent Teeth 181 } Total 1049
{ Temporary Teeth 868 }(6) Administrations of general anæsthetics for
extractions ... 245(7) Other operations { Permanent Teeth 79 } Total 81
{ Temporary Teeth 2 }

Group V.—Uncleanliness and Verminous Conditions.

I.—Average number of visits per School made during
the year by the School Nurses ... 5II.—Total number of examinations of children in the
Schools by School Nurses ... 15,661

III.—Number of individual children found Unclean ... 926

IV.—Number of children Cleansed under arrangements
made by the Local Education Authority ... —V.—Number of cases in which legal proceedings were
taken :—

(a) Under the Education Act, 1921 ... —

(b) Under School Attendance Bye-Laws ... 3

